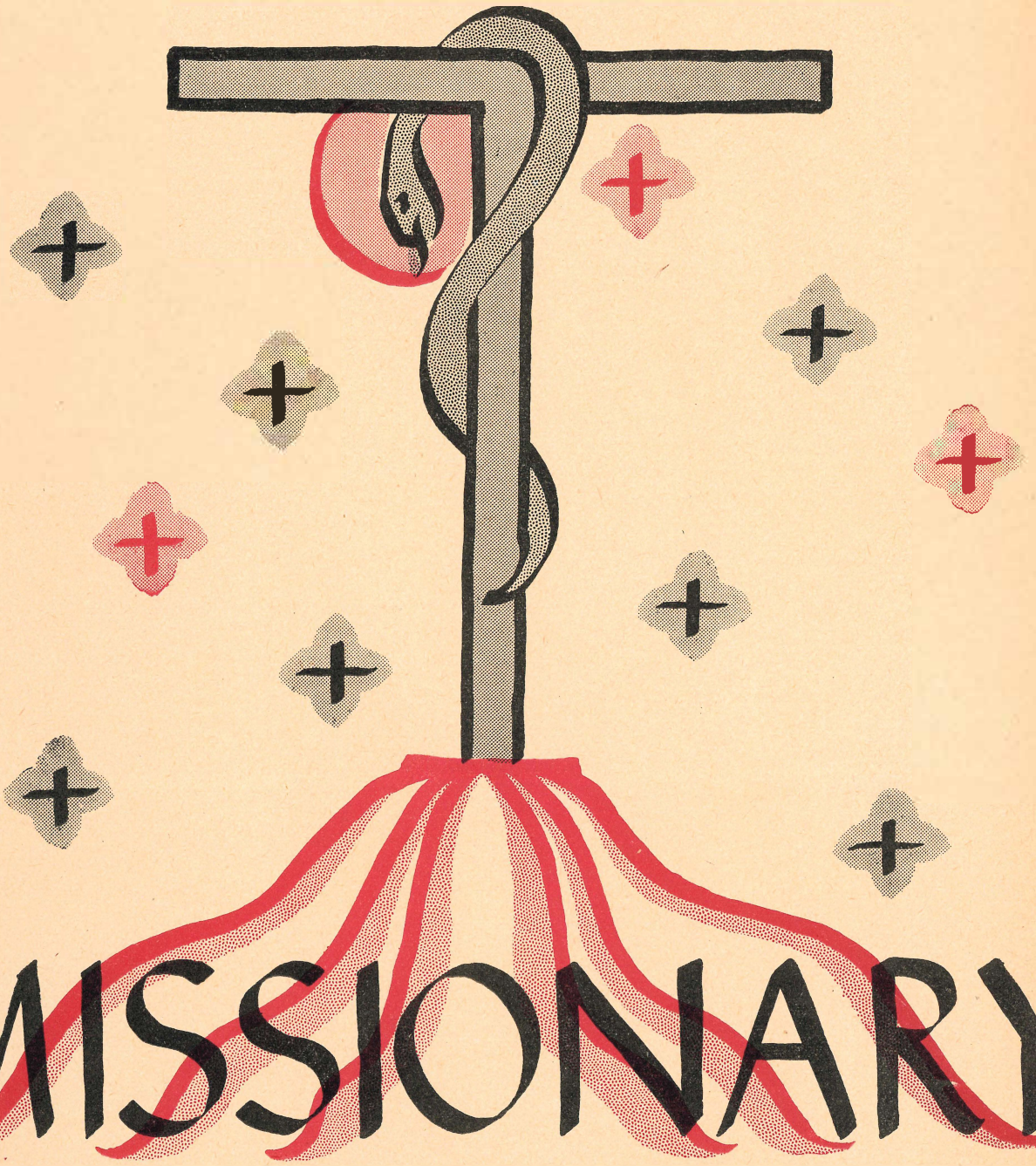
The MEDICAL MISSIONARY



VOL. XVII OCTOBER, 1943 NO. 8

IN THIS ISSUE:

Page

THE ROSARY AS A MISSION PRAYER
By The Rev. John L. Hart, O.P. 115

THE GRAVE SITUATION OF CATHOLIC HOSPITALS AND DISPENSARIES IN FREE CHINA
By Bishop Paul Yu-Pin 117

A MEDICAL MISSION VOCATION
By Sister M. Alma Julia, S.C.M.M., M.T., Ph.G. 118

JEANNE MANCE— PIONEER MEDICAL MISSIONARY
By Soeur Mondoux 121

THESE MIGHT HAVE BEEN CURED
By Sister M. Elise Wijnen, S.C.M.M., M.D. 123

THE MISSION CLIPPER 124

NEWS FROM HOME AND ABROAD 126

ACROSS THE PAGES . . .

HIS EXCELLENCY, BISHOP PAUL YU-PIN, Vicar Apostolic of Nanking, brings to the fore the dire needs of Catholic hospitals and dispensaries in Free China . . . In the name of the Catholic Medical Service of China and in behalf of millions of wounded and sick he appeals to American Catholics "to extend a helping hand to the Catholic hospitals and dispensaries of China, now in urgent, nay, extreme need of medicines and funds."

FATHER JOHN L. HART, O.P., of the Dominican House of Studies, Washington, D.C., gives his reflections on "The Rosary As A Mission Prayer." . . . "All of us—for we are all Christ's missionaries through Mary—should pray to her in this Most Holy Rosary—that through her intercession we may overcome all obstacles to the extension of God's Kingdom on earth and that the Queen of the Most Holy Rosary may indeed be the Cause of Our Joy and 'by virtue of so many sorrows make us rejoice in the Kingdom of Heaven' . . ."

SOEUR MONDOUX is a member of that historic community of nursing sisters—the Hospitalers of St. Joseph. As early as 1659 these sisters came to care for the sick in the Hôtel Dieu of Montreal through the instrumentality of Jeanne Mance. It is but fitting, therefore, that Soeur Mondoux should pay tribute to this pioneer nurse and missionary of New France —the co-foundress of Montreal.

"THUS DO THE DAUGHTERS OF INDIA FOLLOW IN THE FOOTSTEPS OF THE APOSTLE, ST. THOMAS, to work for the glory of their Lord and the salvation of their country"—Sister M. Alma Julia describes how sixteen young girls from the Malabar Coast have embarked on the Big Adventure—to become the nucleus of the first community of Indian Medical Missionaries.

THE
MEDICAL MISSIONARY

8400 Pine Road
PHILADELPHIA, PA.

Member of the Catholic Press Association

SISTER M. LOYOLA, S.C.M.M.
Editor

Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., 8400 Pine Road, Philadelphia, Pa., in the interest of Medical Missions and Women

United States: Medical Mission House 8400Pine Road Fox Chase, Phila, Pa.
England: Medical Mission House 98 Thornbury Road Osterley, Middlesex
Holland: Medical Mission Sisters Imstenraede Heerlen, Holland

SUBSCRIPTION
$1 per year; $5 for 6 years

Entered as second class matter, September 11, 1928, at the Post Office of Philadelphia, Pa., under the Act of March 3, 1879.

CONCERNING EXPIRATIONS

The figures appearing on the address label of your magazine indicate the date of expiration. For example: 1-43 means that the subscription is paid to January. 1943 The first figure (1) indicates the month; the second (43). the year.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of D. C., and Houses of Postulate in studies in Brookland, Washington, England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

Sister Superior

MEDICAL MISSION HOUSE

8400 Pine Road, Fox Chase
Philadelphia, Pa.
of the Orient.

The Rosary As a Mission Prayer

by

The Rev. John L. Hart, O.P.

"The First-born of many brothers, who was the only Son by nature, has by grace taken to Himself many brothers, who are one with Him . . .

"Of themselves, by reason of their birth according to the flesh, these are many; but by their new, divine birth they are one with Him. The one and complete and sole Christ is the Head and the Body. This One is the only Son of one God in heaven and of one Mother on earth. There are many sons, and there is but one Son." (Isaac of Stella)

"And if sons, heirs also." (Rom. 8, 17)

With what zeal do the heirs of earthly kingdoms strive to enlarge their domains by the best means at their disposal. With what zeal, then, should we, the sons of God, joint heirs with Christ to a far better kingdom, betake ourselves to our Blessed Mother in the Holy Rosary.

Since that grim, yet glorious hour, when Jesus spoke from the Cross to John and to all men: "Behold thy Mother," Mary has received her due honor as the Mother of the whole Church. As once she formed from her very flesh her Divine Son, so now, by drawing from the overflowing treasury of her grace, she forms and brings to the perfection of images of her Son those who form His Mystical Body. But with special care she molds the messengers who announce the Kingdom of God upon earth.

Our Blessed Mother herself has indicated at different times her love of the devotion of the Rosary —how acceptable a prayer it is to her. Most recently in the apparitions at Lourdes and at Fatima, Our Lady blessed the Rosary. To men laboring in every field of human endeavor, the Rosary is a favorite devotion; yet it should have a special claim on the affections of those who labor in the missionary field.

> It is the mighty Virgin,
> like the tower of David;
> a thousand bucklers
> hang upon it,
> all the armour of valient men.
>
> —From the Office of the Feast
> of the Most Holy Rosary.

Consider the peculiar work of the missionary and the obstacles he has to overcome. His first work is the winning of souls for Christ, the spreading of the Kingdom of God amongst men. The Kingdom of Satan opposes him with heresy and infidelity. The kingdoms of this earth with diabolical inspiration wage war and prevent the full flowering of missionary activity. And within the Little Kingdom that is himself, the missionary is without ceasing opposed by pride telling him that his only concern is the salvation of his own soul—or that he is self-sufficient—or that his prayer should be made only in the grand style of the Pharisee in the temple. Against himself especially he must battle lest he be deprived of the knowledge and grace and humility necessary to bring God's Kingdom on earth.

The Rosary of our Blessed Mother supplies the missionary with the means to overcome these obstacles to the spread of the reign of Christ. As far back as the thirteenth century, the Rosary, "admirably diffused by St. Dominic, not without the heavenly suggestion and inspiration of the Virgin Mother of God," was used as her instrument for crushing the ugly head of Satan. To her missionaries, the Mother of Wisdom, who alone has overcome all heresies, thus indicated a powerful weapon with which to drive from this earth the Kingdom of Satan.

To be convinced of the power of the Rosary against the Kingdoms of Men that wage war and limit the spread of the Kingdom of God, the missionary need only consider the history of the Feast of the Most Holy Rosary. The Church has established and elevated this feast precisely because of singular victories won by Christian forces over powerful enemies at Lepanto in 1571, and again in 1716-17 at Peterwardein and Belgrade — victories which the Popes declare were won at Mary's intercession obtained through the use of the Most Holy Rosary.

Yet the hardest fight remains when the missionary has conquered the other kingdoms opposing him. For the Little Kingdom of Self is ever seeking to extend its boundaries. Even as the missionary labors for God's Kingdom, pride breaks forth, no matter how he may shackle it and attempts to bring about the reign of self instead of the reign of Christ.

Again the missionary finds in the Rosary the adequate weapon with which to fight this most subtle of enemies. For the Rosary is a prayer that combats love of self by teaching humility and simplicity and apostolic zeal. We could speak of the graces and indulgences gained by its recitation, of its being the prayer suited to all men in all times and places. But let us consider briefly a very little of the intrinsic richness of the Rosary. This is something we know we cannot exhaust; for contemplating these mysteries "piety and love, though ever renewing the same words, do not always repeat the same thing, but always express something new issuing from the intimate sentiment of devotion." But even from a brief glimpse at its essentials, we may see how Mary's Psalter is conducive to the establishment and maintenance of simplicity, humility and apostolic zeal. "This mode of prayer," said the late Holy Father, Pope Pius XI, "has the perfume of evangelic simplicity and requires humility of spirit, and if we disdain humility, as the Divine Redeemer teaches, it will be impossible for us to enter the heavenly kingdom." Indeed the missionary heeds it all the more because of his vocation to bring others besides himself into God's Kingdom.

The essentials of Mary's Rosary are the two prayers, the Our Father and the Hail Mary, and the principal mysteries of our Redemption. From these the missionary learns his lessons of humility and simplicity, of resignation to God's will and apostolic zeal. In the Our Father he prays: "Hallowed be Thy name, Thy Kingdom come, Thy Will be done." In the Hail Mary he addresses his Blessed Mother, whose humility God regarded—who prayed: "Be it done to me according to Thy word"—and to whom in humility he now has constant recourse: "Full of grace, pray for us sinners." And as he meditates on the mysteries, he reminds himself that God stooped low to become man in order to raise men up to be like God, and again that this God-man lived the simple life of the gospel until by His death on the Cross he made us heirs to an everlasting Kingdom, a Kingdom it is now his privilege to preach in imitation of Him Who first declared it.

But the missionary learns best not by considering the parts but by praying the whole Rosary, by uniting to the recitation of the prayers the meditation on the mysteries. It is impossible to consider adequately all that the Rosary contains for the missionary, for it is indeed an inexhaustible fountain when considered as the prayer by which he passes in review at Mary's side the mysteries of his Redemption. With the angel Gabriel he greets Mary as she speaks the humble Fiat that brought God's Kingdom on earth—rushes with the glad news to Elizabeth and echoes her words of salutation,—bends over the crib at Bethlehem, learns the lesson of humility, begs for the apostolic zeal of the angels who announced the glad tidings to the shepherds, repeats the words of Elizabeth: "Blessed is the fruit of thy womb, Jesus"—with Simeon takes Jesus from the arms of His Mother, full of grace, asks for the grace to carry this Light throughout the world to dispel the darkness—prays that he may always be found concerned with His Father's business, that His Kingdom may come on earth.

And in like manner the missionary says the sorrowful and glorious mysteries, some phrase of the prayers perhaps ringing out and blending with the meditation, "pray for us sinners" through the sorrowful mysteries, "now and at the hour of our death," through the glorious, or whatever his piety and devotion may prompt. Always he is trying to see the mysteries through Mary's eyes as her joys, sorrows and triumphs.

In the sorrowful mysteries he learns how great were Mary's sorrows—"See if there be any sorrow like unto mine." He learns also the lesson of resignation of will: "Not as I will, but as thou wilt." Again the great lesson of charity fires him with love of neighbor and a desire to bring more souls into God's Kingdom: "Greater love than this no man hath." The missionary is taught to sacrifice whatever is given him—time, money, life itself—that thus he may take up his cross and follow Christ. And as he stands at the foot of the Cross with Mary, he receives for his own mother the Mother of God. At the foot of the Cross, also, he is made an heir to God's Kingdom, the joint heir with Christ: "Yet so if we suffer with Him, that we may also be glorified with Him . . ."

In the glorious mysteries, the missionary contemplates the end of the joys and sorrows of this life, the glorious reign of Christ in His heavenly Kingdom. He glories with Mary over Christ's triumphal resurrection and ascension—prays that she may strengthen him as once she strengthened the Apostles—asks to be her servant in the establishment of God's Kingdom, to teach all nations in the name of the Blessed Trinity—salutes Mary as she is carried aloft, resplendent in body, full of grace, to that heavenly Kingdom where she reigns as Queen, blessed forever.

All of us—for we are all Christ's missionaries through Mary—should pray to her in the Most Holy Rosary—that through her intercession we may overcome all obstacles to the extension of God's Kingdom on earth, and that the Queen of the Most Holy Rosary may be indeed the Cause of Our Joy, and "by virtue of so many sorrows make us rejoice in the Kingdom of Heaven," realizing that the "sufferings of this time are not worthy to be compared with the glory to come."

The Grave Situation of Catholic Hospitals and Dispensaries in Free China

by

Bishop Paul Yu-Pin, D.D.

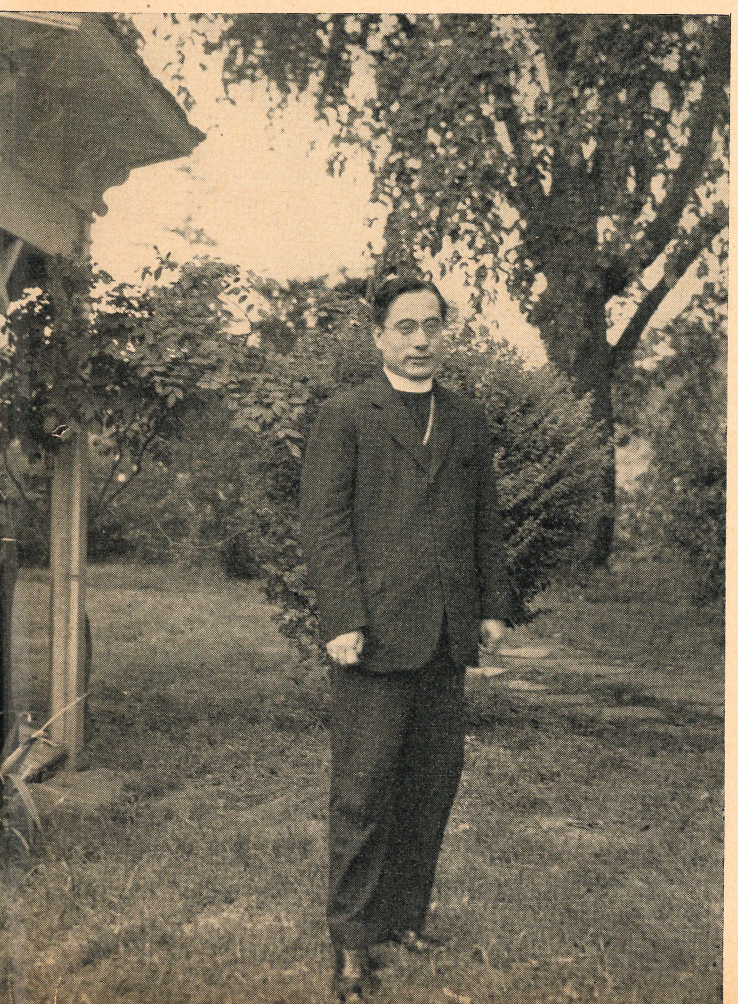
Vicar Apostolic of Nanking, China

Today, after six years of heroic resistance to Japanese aggression, China is facing ever increasing difficulties in the field of medical work. Shortage of medical personnel and scarcity of medicines are now the common experience throughout Free China, and—pending recapture of the Burma Road—the situation promises to become more and more serious as the war goes on. Millions of wounded soldiers and sick civilians have but meager hope of medical aid.

On the medical front in Free China and wherever else it was possible to do works of mercy, our Catholic Missions have rendered signal service, eager to heal the souls and bodies of hundreds of thousands of sick and wounded Chinese with the pitifully limited facilities our institutions could afford. According to the statistics given in the 1940 **Annuaire des Missions Catholiques de Chine,** there were 85 Catholic hospitals and 339 Catholic dispensaries conducted by the 58 Catholic Missions in Free China, and for the year beginning July 1938 and ending June 1939, a total of 19,893 patients were treated in said hospitals and a total of 3,602,591 in the dispensaries. In the past three and a half years, it is reasonable to assume that the number of the patients treated in these hospitals and dispensaries far exceeds the above-mentioned figures. But, while there has been an enormous increase in the number of patients, the situation is the exact reverse as regards the quantity of medical supplies, which is constantly on the decrease.

Owing to the blockading of our ports by the Japanese and their capture of the Burma Road hardly any medical supplies are reaching China. The upshot is that practically none are available for Catholic medical institutions. Meanwhile the medical stores they had on hand have been drained to the point of exhaustion by the enormous demands made on them for the care of the sick and wounded.

In order to solve this dilemma the Catholic Medical Service of China was founded at Chungking in March, 1941, under the sponsorship of all the Bishops in Free China. For the past two years this organization has left no means untried to secure the help required to keep Catholic medical relief work going; it has appealed to the International Relief Committee, the Bureau of American Medical Aid to China, the United China Relief Committee in China and the American Bishops. The results, however, have been meager and far from encouraging. Not a single tablet of quinine or aspirin has ever been received from these three medical organizations, though each of them, it is true, has done a great deal for the Chinese people. So, the only thing our Medical Service has accomplished since its inauguration, has been to purchase at low cost a small amount of medicines from the Chinese



His Excellency, Bishop Paul Yu-Pin, visits our Motherhouse in Philadelphia.

Administration of Health with the money charitably contributed by generous American Catholics.

As a result of the slow progress of the work of the Medical Service and the ever-growing shortage of medicines in China, the work of all Catholic hospitals and dispensaries in Free China has now come to a standstill and many of them have had to close. Unless foreign help is soon forthcoming, all medical work of the Chinese Catholic Missions will have to be discontinued and millions will be doomed to perish. In the name of the Catholic Medical Service of China and in behalf of the millions of wounded and sick, I appeal to you, Medical Mission Sisters, and through you to American Catholics, to extend a helping hand to our Catholic hospitals and dispensaries, now in urgent, nay, extreme need of medicines and funds. Contributions in answer to my appeal may be sent to Rev. Father Leo Ferrary, O.F.M., Director of the Service, St. Joseph's Church, 230 Min Sheng Road, Chungking, China.

A Medical Mission Vocation

by

Sister M. Alma Julia, S.C.M.M., M.T., Ph.G.

"Father, I want to be a Medical Missionary."

Rose had left her companions near the Badminton Court when she saw the school chaplain emerge from the front verandah, and as soon as she reached his side she made the above startling declaration. It was her last term at St. Mary's where she had been a boarder for four years.

"You must have been talking to Mary," the chaplain answered. Then, motioning to a stone bench near the walk, "Let's sit down and talk this over."

Rose explained to him how she had always wanted to be a sister, but she didn't really like teaching, neither did she want to enter a cloistered order like her cousin Anne. The thought of being a missionary appealed to her. But how and where, that was the question, until Mary told her that she was waiting to be a Medical Missionary. Then she knew that was just what she wanted, too.

The priest sat there for a while thinking. Then he began the counter-attack: "You know, Rose, it means going far away from home. It may be years before you see any of your family and friends again. It will be difficult, too, in the missions—a hard climate, strange food, hard work . . . and I don't suppose you ever did much in the line of work in your life . . ."

"But I can learn. I expect all that if I become a missionary."

"It means learning a strange language," the priest went on, "and living with people who have very different customs and ideas from what you are used to."

"I can do it," she said. She set her young jaw a little more firmly in her effort to make Father see that she was serious.

"And your parents, how will they take it, seeing you go to a strange country among pagans and Mohammedans, and giving you up, perhaps for good?"

"They won't like it," Rose said frankly. "But my people are so good, so zealous for the spread of the Faith, I know they will not stop me."

* * *

Who is Rose? Where did this conversation take place? Wrong—you guessed wrongly both times. Rose is a Malabar girl, a native of that delightful corner of the world known as Travancore, or the Malabar Coast. The conversation was probably in Malayalam, her native tongue, but it might have been in English, as she was graduating from an English high school and all her education had been conducted in that language. Most of the wealthier, higher class girls in those parts have an English education.

Rather puzzling so far, isn't it? —especially that opening sentence: "I want to be a Medical Missionary." Let us see if we can explain it. We must go back about nineteen hundred years, when a man named Thomas came to the Malabar Coast. He had been a personal friend and disciple of a Man named Jesus, who was God Incarnate and Who died to save all men. Thomas had been sent to this part of the world to carry the Good News of our salvation and had made many converts before he was martyred at last by the Hindus.

The interesting historical fact is that the St. Thomas Christians have kept the Faith down to the present day and are among the most fervent Catholics in the world. A few hundred thousand live along the Malabar Coast, and Rose is one of them. They must not be confused with the converts made by St. Francis Xavier many centuries later.

Among four hundred million Indians, what are a few hundred thousand fervent Catholics! In the whole of India there are only about five million Christians, many of them Protestants. But the Malabar

These Malabar girls are to form the nucleus of the first Indian medical missionary community. With them are Father Sebastian Pinakatt, their director, and Sister M. Alma Lalinsky, M.D., superior at Holy Family Hospital, Rawalpindi, India.

Catholics are beginning to realize their possibilities as missionaries to the rest of India. There have been obstacles in the past; these still exist, but in spite of lack of money, language difficulties, prejudices, and so on, many Malabar priests and sisters are working in different provinces of India. Their number is increasing rapidly.

The Indian Medical Missionary

It was not until much later that Rose discovered just what Father Sebastian Pinakatt had meant with the objections he made. "You know, Rose," he had said, "it means going far away from home." Travancore is noted for its numerous Catholic schools, so that the education of its sons and daughters is well taken care of. There are also numerous cloistered and contemplative communities, but alas, there are no Catholic hospitals, no hospital sisters, no place where a girl can obtain a nursing education under Catholic auspices.

Travel is not as rapid and as comfortable as in America. The trip from Travancore to Northern India can be made by train all the way, with stops and changes here and there. The trains amble along at twenty miles an hour, when they move—and they are crowded to the hilt. Travelling inter-class, as all but the wealthiest must do, means sitting up all night most likely. The trip from Malabar to Rawalpindi takes four to five days.

"A hard climate, strange food, menial work," Father had said. To hear the girls talk about it, the Malabar Coast rivals Southern California—never too hot, never too cold, with always a nice breeze and sea bathing, cocoanut groves, no winter—only a little too much rain during the monsoon. In Rawalpindi, on the other hand, up on the northernmost peak between Afghanistan and Kashmir, you roast in the summer at 110 degrees or more and endure the dust storms instead of a proper monsoon. You freeze in wintertime, and learn about chillblains and chapped hands and other things you never knew about before. Of course there is the fun of seeing snow for the first time—but how you miss the sea and a cool drink of cocoanut water!

"Strange food." Yes, that was the hardest part, at first. This watery curry with old vegetables in it, instead of the rich meats and spices you had enjoyed—all this was insipid compared to what had been served at home.

"It means learning a strange language." These girls know English of course—but then the American sisters talk so fast and so differently. Rose, delightfully frank, once said to one of them, "Sister, we know English very well, but we cannot understand you!" But the Malabar girls are quick to learn, and now they no longer have any difficulty in understanding "American." Hindi, Urdu and Punjabi, moreover, are as different from Malayalam as French is from English. Yet they pick them up without any lessons, and converse fluently with the Indians in their own tongue.

"Different ideas, different customs . . ." Imagine putting on stockings for the first time! But they were glad to wear them during the cold months, especially on night duty. Imagine putting on rubber gloves, when you have never worn any kind of gloves in your

life! But the Malabar girls were imperturbable, no matter how strange a thing seemed. Adaptability seems to be second nature to them. What they thought they kept to themselves.

"Go Ye Forth . . ."

After all the arrangements had been made, in May, 1940, the first group of five prospective Indian Medical Missionaries set out together with Father Pinakatt for the long trip to Rawalpindi, there to enter the Holy Family training school and obtain their nursing and midwifery certificates. The five girls, all high school graduates, surrounded by tin trunks, bags and boxes, accompanied by leave-taking relatives and friends, were at the station waiting for Father. It was certainly a courageous adventure. An American girl can hardly imagine what this departure meant to the sheltered Indian girls.

The Travancore Catholic is at the top of the social ladder in her native state. Not even the highest caste Brahman is above her. For an educated Catholic girl to go in training in an American hospital in the Northern Punjab, Mussalman territory, was just about as adventurous and probably required more courage than for an American girl to go to India or China for her training.

Of course there was no question of getting home for vacations; the trip was too long and too expensive. They knew it would be four long years at least before they would see their beloved Coast again. And then, it was a step to become sisters—a new community of Medical Missionaries. What if it did not work out? What if they didn't like the American sisters? What if the work was too hard? The mothers and fathers looked anxiously at Father Pinakatt. What if this was a wild dream of the good Father's and everything went wrong?

"I am a fool," he laughingly told the girls. "And you are fools to follow me—fools for Christ," he added. It was the feast of Pentecost, 1940, when they started off. It took six days to make the journey, as they stopped at Madras to visit the tomb of St. Thomas.

Father Pinakatt wrote to Mother Dengel:

"On the day of Pentecost, May 12, 1940, I started with the five girls, receiving the blessing from His Excellency, Bishop Kalacherry, and reached Pindi safe and sound on the 18th. In Madras, at the tomb of St. Thomas, our dear Apostle who converted our forefathers, I offered Mass on the site, and all the girls received Communion. We offered ourselves to follow in the Apostle's footsteps and to work for the glory of Our Lord and the salvation of India."

Three Years Later

The first group of these five girls completed their nursing course and passed their State Board examinations in the spring of 1943, according to schedule. They are excellent students and have made first class nurses. They will finish their midwifery course in the fall. Then they will begin their novitiate in Malabar.

In 1941 seven more arrived, also accompanied by Father Pinakatt. This spring, 1943, four more came. Sixteen candidates ready for the big adventure, and no one has wavered yet! Many more are ready to follow, especially when the Novitiate once becomes established. There is no scarcity of vocations among the Malabar Catholics; nearly every girl has at least one brother a priest and one or more sisters in the convent.

Thus do the daughters of India "follow in the footsteps of the Apostle, St. Thomas, to work for the glory of their Lord and the salvation of their country."

Native Religious Congregations . . .

And since, for the organization of the Church in our regions, it is necessary that you make use of the elements from which by Divine Providence it is composed, you ought, as a consequence, consider as one of the principal duties of your office. the founding of native religious communities of both men and women. Should not these new followers of Christ, when they feel themselves drawn to a more perfect life, take the vows of religion? And on this point the missioners and nuns who labor in your dioceses should not let themselves be prejudiced by a love of their congregation, although this love is right and legitimate in itself, but let them learn to view these things with a certain broadness of vision. Accordingly if there are any natives desirous of joining the older congregations, it certainly would not be right to discourage them, or to impede them from joining, provided they give signs of being able to acquire the spirit of these congregations, and of being able to establish in their own countries houses of the order, not unworthy of the congregation that they have joined; still let them ponder seriously and prayerfully the question whether it might not be more expedient to found new congregations such as may answer better the genius and character of the natives, and be more in keeping with the needs and spirit of the country.—From the Encyclical, **Rerum Ecclesiae,** of His Holiness, Pope Pius XI.

We recommend to your prayers especially this month the Mission Intention—a **"greater esteem for vocations on the part of Christian families in mission countries."**

Jeanne Mance . . .

Pioneer Medical Missionary

by

Soeur Mondoux

The name—Jeanne Mance—reminiscent of so much generosity and heroism, has become an ensign, as it were, for the nursing profession in Canada. More than that, its fame has extended to other lands even beyond the sea, and it is with pride that the mission nurses and women doctors of our own day look to this valiant Frenchwoman for courage and inspiration.

Scarcely half a century had passed since Jacques Cartier had raised the first cross on the shore of Gaspé Bay when a little girl—Jeanne—was born in the household of Pierre Mance in Langrès, a city of old Champagne. No doubt her father, an attorney in the service of the royal court, was well aware of the happenings — the strategies, the struggles, the deeds of valour—then taking place in that New France so far across the sea. But there is no reason to suppose that any of these events particularly impressed the mind of his little daughter, as she grew up peacefully and ordinarily under the strict and well-ordered tutelage of the Ursuline Sisters of Langrès.

Even when she had completed her studies, the regularity of her life remained unbroken by anything beyond the ordinary—for she slipped quietly and unobtrusively into the performance of the regular household tasks of the day, becoming a "little mother" to her younger brothers and sisters who had been prematurely orphaned. Nor does even the slightest idea of any other vocation seem to have occurred to her. Providence, it appears, was keeping her for another mission—one which would demand all the liberty of action a woman could muster in those days.

Thus—as housekeeper and as foster-mother — Jeanne Mance spent the early years of her womanhood—until the wars between France and Spain, and the epidemics which inevitably followed, interrupted the quiet life of the people of Langrès. Plague swept the countryside, and Jeanne Mance, already somewhat experienced in nursing through the care she had given her younger brothers and sisters, now turned to the task of tending the many sick of the neighborhood. She nursed the suffering, consoled the dying — meditating daily on the struggle between death and life she saw constantly enacted before her.

Jeanne was now thirty-three years old, and having thus tasted the joy of devoting herself wholeheartedly to the work of nursing the sick, she felt that a life without some definite aim—some goal —was after all but pale and meaningless. Her brothers and sisters no longer needed her—but what was she to do?

It was then the year 1640. There were great comings and goings between the rough and savage lands far across the sea and the mother-country. The old France thrilled to the tales of her explorers, her **coureurs de bois,** her missionaries, the Jesuits and the Recollets. A receiver of taxes in Anjou, Jérôme le Royer de la Dauversière, was just then dreaming his dream of planting a mission in New France, and the young priest, Jean Jacques Olier, the future founder of the Seminary of Sainte Sulpice, was helping him to realize his vision. Not even a year had passed since six nuns, among them Mère Marie de l'Incarnation, and three Jesuit fathers had left their pleasant homeland in the service of the Canadian missions. Is it any wonder then, that those who remained behind were full of hopes and dreams for the New France?

It so happened that while she was questioning her future, Jeanne met a cousin, a chaplain of the Sainte Chapelle of Paris, who was more than ordinarily interested in these courageous endeavors. Filled with zeal and enthusiasm, he spoke to her of the heroism of the sisters who had just embarked for Quebec. No doubt he told her too of the vision of the mystic, de la Dauversière, and of the Society of Notre-Dame de Mont Royal which was engaged in raising funds and organizing an expedition to build the mission of Ville-Marie, the future Montreal.

Immediately Jeanne was won over to the cause—she would join these pioneers. In the meantime she prayed that God might give her the light and strength to do whatever was asked of her; for to sacrifice the persons and things she held most dear—to depossess herself of all these—did not this require a supernatural strength—

a special grace? And, moreover, how could her poor, frail body ever endure the adversities of the pitiless climate of the new country? In her dreams she saw wild wastes of ice and snow—so different from the pleasant warmth of her dear Champagne. Jeanne saw all these obstacles—but her decision was irrevocable. She had found her vocation; she would follow it, and this despite the immediate and the unbelievable difficulties which each in their turn would try to paralyze her work.

Thus placing her confidence in God and remaining faithful to the counsel she had received, Jeanne went to Paris. Paris presented to her Father Saint-Jure and Father Charles Lalement, both of them Jesuits. The latter had returned from New France only two years ago and at that very time was in communication with Jérôme de la Dauversière concerning the foundation of the mission of Ville-Marie. At Paris also, she met another missionary, Father Charles Rapine of the Recollets, who introduced her to a certain Madame de Bullion. This generous woman was afterwards to give her the necessary funds with which to erect a small hospital in Mont Royal.

The time for action had come. In the springtime of 1641 she left Paris for the port of La Rochelle whence the ships were to set sail for New France. The meeting with la Dauversière, who had come to survey the departure of his first expedition, with Paul de Chomedey, Sieur de Maisonneuve, who was to lead it, but served to confirm her convictions and strengthen her courage. Did not the former himself explain to her the designs with which Providence had inspired him for the establishment of the future colony of Montreal? Did he not foretell the role she must fulfill in the new mission—that of caring for the sick, be they French or Indians—of building a hospital which would later receive the help of the Hospitalers of St. Joseph who had been especially founded for this work at La Flèche in Anjou? Yes, indeed, it was to New France that she must go.

At last, after long and tiresome weeks of sailing, the ship bearing Jeanne Mance to the country of her mission dropped anchor at the foot of the ramparts of Quebec. Although it had been no more than late spring when they left France, the pilgrims found the autumn already too far advanced to risk the ascent of the Saint Lawrence to the Isle of Mont Royal. Accordingly they decided to spend the winter of 1641 in the settlement of Quebec, where they received the hospitality of their friends.

* * *

It was already springtime—the early flowers could be seen peeping up here and there in the meadows, when Maisonneuve and his party finally embarked at St. Michel and nosed their large flat-bottomed boat and their two canoes up the Saint Lawrence towards the Isle Jacques Cartiers had discovered some seventy odd years before. Ten days later—on the 17th of May, 1642—the pioneers sighted the rocky eminence overhanging the island which the same explorer had named Mont Royal. They landed near a green meadow—and while the men under the direction of Maisonneuve erected a platform, the women, Jeanne Mance and her companion, Charlotte Barré, together with Madame de la Peltrie who had joined them in Quebec, prepared an altar. On the next day, which was a Sunday, the Jesuit, Father Vimont, offered the first Holy Mass on the site of Montreal. Thus the colony was born.

For some thirty years Jeanne Mance shared in the struggles which accompanied the foundation of Montreal. Often, from her small Hôtel-Dieu, constructed not far from the entrance of the surrounding forest, she could see the savage Iroquois gliding stealthily through the deep woods beyond. To live in that rough country that she might win for God the souls of these savages and bring closer to Him the handful of French colonists—surely this was an exalted purpose—but what courage did it not demand!

Together with the ordinary events accompanying her work among the sick, Jeanne Mance was also to experience the vicissitudes of almost continual warfare. Very often—in fact practically always—the hospital of Ville-Marie bore the appearance of a military establishment. There was constant danger of attack, and in the frequent encounters with the Iroquois many were severely wounded. These she nursed, encouraging them in their struggles.

Certainly her work for the sick and suffering would suffice to establish the heroism of Jeanne Mance. But the misfortunes continually besetting the colony offered an opportunity to display in various other aspects her marvelous strength of will and her astonishing initiative. When death visited the new-born settlement, Jeanne raised up the torch of life. When, after three serious setbacks, the post was almost ruined from lack of help and lack of funds, she herself journeyed to France seeking aid — and three times she saved the colony. It is no wonder that historians link her name with that of Maisonneuve as the co-foundress of Montreal.

Throughout all these years she was very much concerned with the future of the settlers. She sought for priests who were to remain to minister to the spiritual needs of the colonists; she asked for teaching sisters to instruct their young sons and daughters; she desired above all the arrival of the Hospital Sisters who were to continue the work with which she had been charged in their name. Today the task thus begun by Jeanne Mance is carried on by these same sisters—the Hospitalers of St. Joseph—in many hospitals throughout Canada and the United States—among them the famous Hôtel-Dieu of Montreal.

Her beneficence extended also to the children of Ville-Marie whom she regarded as her god-children—to the orphans, for whom she secured instruction and whom she assisted in establishing themselves in life. After she had re-

linquished the care of the sick to the sisters, these various tasks, together with the administration of the hospital which she retained, occupied her for several years until her death on the 18th of June, 1673. Her life, so extraordinarily fruitful, was indeed one of the greatest moment for the establishment of the little city which was to become one of the most important metropolitan centers of Canada.

* * *

In the history of North America there is perhaps no other heroine better suited to serve as a model for the young women of our own day than Jeanne Mance. She reaches out to them from beyond the distance which separates the conditions of our time from those under which she carried on her work — the medical missionary of Ville-Marie. As a nurse she heeded the needs of the suffering; as a missionary she sacrificed family and country for the good of souls; as a leader of Catholic Action, she burned with living ardor for the good of all, losing herself only to find a better life in the service of her neighbor—in that rugged land of her adoption so different from the dear France of her forefathers.

Our strength in this world is, to be the subjects of the reason, and our liberty, to be captives of the truth. — Cardinal Newman.

These Might Have Been Cured . . .

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

A dispensary is a world in miniature. In the course of a busy morning most of the world's common ailments will sift through, be advised and helped, if possible, and dismissed, to make place for new patients to which the same will happen. But rarely does a day go by that we do not meet with some patient who lingers in our memory. This may be because her condition is unusual or because she makes a startling recovery, but more often the reason for our increased interest is just the opposite. More often she is one of those to whom we have to say: "I am very sorry, but your condition is hopeless. We cannot do anything for you."

Many a time we add in thought, although we rarely say it out loud, "If you had come six months or a year ago we could have helped you." But what is the use of adding remorse to the burden of these people? It is much better to warn the relatives and the by-standers in the hope of preventing some of these fatal delays. Yet their total ignorance of the ordinary workings of the human body usually keeps them from learning but little from these repeated lessons of cause and consequence.

There was Mumtaz, for instance, who came to us carrying on her hip little Kanniz Fatma. The child was totally blind—whining and fretting in her strange surroundings and under the impact of unaccustomed voices, a pitifully thin, rickety and backward three-year old. Piece-meal we puzzled out just what had happened. She had received an eye injury when she was about two. It had happened in the country, and outside of the application of some household remedy nothing had been done for her. The result was inevitable: both eyes became infected; irreparable blindness followed.

When the mother finally realized what was happening she started the rounds from doctor to doctor, from hospital to hospital, in the hope of finding some cure. Having just about exhausted the possibilities of the neighborhood she came to us. But what could we do but repeat the verdict she had heard so often? Had she come right after the injury, surely at least the right eye could have been saved—but it was too late now.

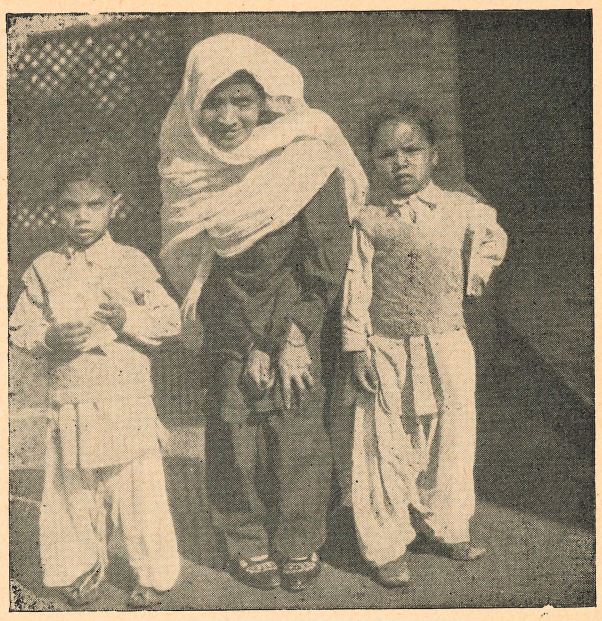
This country is full of people who are too poor to be cured. That is a terrible thing to say, but it is true nevertheless. Yes, there are free hospitals and dispensaries; there are doctors and drugs, not enough perhaps, but still quite a few. The one thing that is lacking is the docile and intelligent cooperation of the patient. But how can you expect a peasant woman, with a houseful of children and a goat to be milked to submit to a prolonged and painful course of treatment when she has not the faintest idea of what it is all about? She simply will not persevere in it. As soon as she is able to get about she will return to her village and no amount of talking will keep her.

How we pleaded and coaxed and scolded Sudamia to submit to an

operation! She had a tuberculous elbow, painful, useless and slowly undermining her health. It was too far advanced for any treatment but amputation, but the very idea of this horrified her. We still see her at intervals. She is getting weaker and weaker; the arm gives her constant pain, and as it is fixed at a very awkward angle she has to hold her wrist with the other hand in order to relieve the constant jarring from walking and moving.

There are some diseases which are still incurable, or nearly so. There is elephantiasis, for instance. Many people walk around in this province of Bihar and elsewhere in India with legs the size of a watermelon, and almost the same shape as well. The condition is not painful, except in the acute attacks, and the disease is not fatal but causes an enormous amount of discomfort and mental distress. In the early stages persistent tight binding of the legs may prevent much deformity, but very few patients will endure this treatment.

We know an old beggar woman, more than a bit senile, who visits us frequently. She starts out by asking for medicine for her legs, pointing to her enormously swollen extremities. We tell her time and time again that there is nothing which will cure her. But she will not believe us—insisting that we merely refuse to give it to her. At times we learn quite a bit from her picturesque "gali" (abuse). Usually we close the argument by giving her something to placate her—and then off she goes, muttering to herself about the contrariness of some people.



Osteomalacia has caused this Mohammedan woman to become so stooped as to be scarcely taller than her little sons!

Tuberculosis, pernicious anemia, leprosy—all those diseases which require long and painful treatment are practically hopeless for the very poor. We are giving liver to patients who have not the necessary money to feed themselves! Old women, widows, beggars, chronically ill patients — there simply is not enough room for them all, no matter how generous one would like to be. Besides, they like to have their freedom, the only luxury they possess. Even the poorest beggar will tire of hospital food after a while and drift on again, no matter where. It seems there is nothing else to do but the best we can—leaving the rest to God's Providence, Who holds us all—even the most desolate—in the hollow of His Hand.

The Mission Clipper

Hospital for Internees

Across the street from Malate Church, staffed by St. Columban's priests in Manila, stands Malate Catholic School. Here, in times of peace, some 900 pupils were enrolled in the primary grades and in high school. The teachers were Belgian Sisters, priests of St. Columban's and lay Philippine instructors.

After the fall of Manila this Malate school became Red Cross Hospital No. 2 for American internee patients.—From the Far East, Midsummer, 1943.

* * *

Quid Novi Ex Africa?

Fortunately not merely stories of battle and carnage come to us from Africa. There is, for instance, this really cheerful communication from the Apostolic Vicar of Kimberley, So. Africa, Most Rev. H. J. Meysing, O.M.I.

" . . . A few days ago we opened, in the presence of the mayor of the city and a large gathering of people, a new wing to the existing St. Francis Xavier School for Colored and Indian children. At Taungs, a large native reserve, our good brothers are busy completing the fine St. Konrad's Hospital. For lack of funds and absence of our brothers we had been obliged to suspend work on the project for a few years. The hospital, now nearing completion, will grant much relief to our needy and suffering people. Another piece of good news has to do with the

extension of St. John's Dispensary at Kraaipan, conducted by two zealous and brave ladies, who under most trying difficulties have built up this charitable work for the benefit of our natives."—From Social Justice Review, June, 1943.

* * *

"Candid Report"

A "candid report" on health conditions in India was excerpted in Time Magazine, August 2, 1943 issue. The information was taken from data submitted by Dr. John B. Grant, who is on loan to the Indian Government from Rockefeller Foundation's International Health Division. We quote:

"For India's 400,000,000 people there are 42,000 doctors (two-thirds of them are licensed) and 5,000 nurses. The 6,500 dispensaries last year treated only 35,000,000 old and new patients.

"In all India there are only ten university-affiliated medical colleges, not one of which fulfills minimum requirements for a sound medical education.

"In 1939 malaria killed 1,500,000 Indians; cholera killed nearly 100,000 (a death rate of 29.3 per 100,000 compared with a Philippine rate of zero to .01); smallpox killed about 50,000 (a rate of 16.2 per 100,000 compared with zero for the Netherlands Indies and the Philippines.) Tuberculosis is spreading . . .

"Most Indians can afford only cheap carbohydrate food (starches and sugar), and are starving for certain food essentials.

"Bengal has only 6,000 hospital beds for its 50,000,000 people.

"Nearly half of the districts and three-quarters of the municipalities have no qualified health officers. Of 116 second-class Bengal municipalities, only 27 have a full-time health officer, 28 have not even a sanitary inspector, and eleven have no vaccinator.

"The government assumes almost no responsibility for industrial health, which is left up to the factory owners.

"India's health budget (less than $30,000,000 in 1939), like the national income ($20 per capita) is meager, but Dr. Grant says that disconnected administration and overlapping agencies prevent the Indians from getting even $30,000,000 worth of medical service. Dr. Grant believes that only a beginning can be made in a public health program at present . . . that real health progress must wait until India's 89% illiteracy rate is reduced . . ."

* * *

Oblate Missions

The Oblates rank first among religious congregations in the area of mission territory entrusted to them. They rank fourth in regard to the number of men on foreign missions and at work among the infidels.—Jesuit Missions.

* * *

Progress in Haiti

Although it is only seven months since His Excellency, the Most Reverend Louis Collignon, the American Oblate Bishop, reached his diocese of Les Cayes in Haiti, in that short period there has been remarkable progress. Besides being the first American ever appointed to administer a see in the Republic of Haiti, His Excellency is most anxious to staff clinics and dispensaries, which he feels will provide a much-needed aid to the people of the island.

Already his efforts in this direction have been successful, for last January five Grey Nuns arrived in Haiti, followed by two Oblate Fathers in April. In June two more Oblates left Miami for the same republic, and in September the number of missionaries will be augmented by the arrival of eight Canadian Franciscan Sisters. In addition there will arrive also seven Brothers of the Sacred Heart and four Sisters of the Immaculate Conception . . . —The Columbus Register.

* * *

Leper Statistics

There are approximately 5,000 lepers in Europe. China has from one to two million lepers; the Philippines, 10,000. All the islands of Oceania are infested with leprosy.—Jesuit Missions.

R. I. P.

Please pray for the repose of the souls of:

Sister Mary Carmel, Cornwells, Pa.

Sister M. Columba, Holy Cross, Indiana

Sister M. Mercia, Holy Cross, Indiana

Sister M. Regina, Baden, Pa.

Miss Agnes Storer, Newport, R. I.

Mrs. Bernard Mooney, Grand Island, N. Y.

Mr. Robert P. Green, Chicago, Ill.

May their souls and all the souls of the faithful departed rest in peace. Amen.

Christianity has not been tried and found wanting; it has been found difficult and NOT tried.

—G. K. CHESTERTON.

News From Home . . . And Abroad

Bishop Yu-Pin Visits Our Motherhouse . . .

It was the feast of the Nativity of Our Lady — September 8th — when a visitor arrived at the Motherhouse in Fox Chase—a very welcome visitor indeed — His Excellency, the Most Reverend Paul Yu-Pin, Bishop of Nanking, China. Of course everyone assembled post-haste to meet him and to hear him speak, and herewith we relate to you a few of the items His Excellency touched upon during his talk.

As Bishop Yu-Pin pointed out to us, China is indeed a large country, a vast land of 500 million people. "For the religious," he said "souls count before all. **'Da mihi animas** —Give me souls, only souls!' That is zeal."

"India and China," he continued, "are neighbors, separated by the Himalaya Mountains. But the mountains are no longer an obstacle between the two. In an hour and a half it is possible to fly over them with no trouble at all. Even in the interior we are trying to break through by means of a tunnel. Today we are neighbors; tomorrow we will be even closer neighbors. For fifteen centuries India and China had no wall—and they were both peaceful. India gets her peace from Brahma; China from Confucius; on the surface they appear different, but underneath them both there lies peace. India and China are good friends, and this is all the more reason why your work, which is already begun in India, should be extended to China—for they are two brothers."

His Excellency showed also the dire medical needs of China. There are in fact very few really good doctors in China; approximately 90% are charlatans who do not know very much about real medicine. The Chinese who do go to them recover—sometimes—and in this modern day medical workers need medical training . . . A Public Health Department has already been established under the auspices of the Republic of China—but this is still in its initial stages. As an indication of all that remains to be done His Excellency noted that there are at present only 2,000 doctors in the Chinese army, whereas at least 30,000 are needed. In the whole of China there are only 10,000 licensed physicians to serve 500 million people!

As Bishop Yu-Pin continued, the governmental institutions together with private organizations are making every effort to meet this need. The missionaries too are cooperating, especially the Protestants, who are training nursing personnel. In this work the Catholics are lacking, for of the 200 Catholic hospitals in China the majority are very small and inadequate. The training in the Catholic hospitals is still elementary—so much so that they are not allowed to grant government diplomas.

Among the post-war plans of the Catholic Church in China medical work is therefore a very important item. Training schools, especially for girls, are to be established. There are only 4,000,000 Catholics in China—a minority to be sure—but they can achieve a great deal by cooperating with government plans for public health work. Now in particular is a good time to present Catholic knowledge to the people of China—to invite them to mutual cooperation for the glory of God and the salvation of souls.

His Excellency indicated also some of the more general prospects of the Catholic Church—affecting all types of work, not only medical. There are missionaries from thirty-six nations working in China today, numbering approximately 3,000 priests and some 4,000 sisters. There are also 2,000 native priests and perhaps more than 6,000 native sisters.

"Today," he continued, "there is a new attitude of mind in China—an attitude very good for the propagation of the Faith. 'These people have the Gospel—a precious thing,' say the Chinese about the missionaries. This means they are ready to consider our message—the message of Christ."

His Excellency pointed out that to be a good Catholic is no longer considered incompatible with being a good citizen. Proof that this is well appreciated lies in the fact that for the first time in the history of China there is a Chinese minister residing at the Vatican. Thus the Chinese government recognizes the supremacy of the Successor of St. Peter. 500 million Chinese are ready to receive the Gospel of Christ!

His Excellency urged us to learn more about China and to pray to God to bless the medical work in that country. And, he concluded, "China is not Far East! I came here in three days—and that during war time. In the future things will be speeded up. Missionaries will be able to pass week-ends there—from here to Nanking in twenty-five hours! . . . China welcomes you — have confidence in God—and courage to do the Big Thing for Him!"

Ceremony at the Grotto . . .

Sunday, the feast of the Holy Name of Mary, was reminiscent of that Sunday last October when the Right Reverend Monsignor Francis X. Wastl, a great friend and benefactor of our Society, blessed the newly erected Grotto and statue of Our Lady of Lourdes here at the Motherhouse. Before leaving that day he reproached Mother Dengel for having failed to invite a very important guest. After letting her guess for a moment, he answered with a smile, "Bernadette, of course!" And then and there he promised to "invite" her himself by giving us the statue. In the last letter written the very evening before his sudden death he expressed the hope that the statue would soon be completed.

Accordingly Bernadette arrived in the early summer—but it was thought more appropriate to wait for this feast of Our Lady before the dedication. Thus on the feast of the Holy Name of Mary, September 12th, our Chaplain, the Rev. John P. Lynch, C.S.C., blessed the statue and led the sisters and their friends in the Rosary which was recited in procession from the Grotto to the Chapel. Benediction of the Most Blessed Sacrament closed the ceremony.

As Medical Missionaries we are particularly happy that the Grotto is thus far completed—to have Our Lady and little Bernadette with us here to remind us of the love Mary shows for suffering mankind by healing and comforting them under her beautiful title—Our Lady of Lourdes.

* * *

From India . . .

New Nurses' Home in Patna

From Holy Family Hospital in Patna Sister M. Elise writes:

"Things are going along smoothly and peacefully here. We have plenty of patients, census over fifty, and about the same number in the dispensary every day. We have doubled last year's babies and operations, that is to say, the numbers up to date! The upper story of the hospital is a tremendous boon, particularly the nursery. The beds are always filled, and the patients like the airy, light wards upstairs. We keep only the very sick, the surgical and the maternity patients downstairs.

"The nurses' home is getting the last touches. The tiles are being put on the roof and the walls are being whitewashed. The coolies are vying with the **dilharries** (chipmunks) in clambering around the roof and up the poles. They are as agile as monkeys. This home will be a big relief. At present seventeen people are sleeping in the ex-cathedral! Or rather, they would be, if we didn't all go out at night, bed and baggage. I wish you could see us running each other in at night when it starts to rain! We stumble over graves, and drop the beds, and someone always gets the giggles! But it's grand sleeping outside—it quite spoils you for a normal house."

* * *

Rawalpindi—Hospital Plans

From Holy Family Hospital, Rawalpindi, Sister Alma Julia writes most enthusiastically that the plans are all ready for building the new hospital. She says:

"I am so thrilled about our new hospital plans. The architect figured out something that I had worked on for so long and could never solve—how to have the Chapel the center — the hub — of the hospital, and yet be private, separate and not open to the outside. He also figured out the entrances most cleverly; the general dispensary, the private dispensary and the hospital entrance are all separate and yet are in one wing so that people coming and going can be properly supervised. I might send some pen drawings, but I'm afraid they might not pass the censor. Things like figures and drawings are taboo these days. However, if I send my own "kucha" drawings it does not matter if they do not pass."

Our Grotto at the Motherhouse

For centuries the Indian peasant has used the bullock-drawn wooden plow to till the rice paddy. It's an old way—but he gets his rice just the same . . .

Obsolete methods and superstitions will not give him health—"just the same" . . .

Medical Missionaries use modern science as the handmaid of charity in spreading the Kingdom of Christ—

But—to do this they need your help.

Help now—by contributing to the building fund of a new Holy Family Hospital for Rawalpindi, India.

Mother Anna Dengel
8400 Pine Road
Fox Chase, Philadelphia, Pa.

Dear Mother Dengel:

To help you spread the cause of Christ in mission lands I enclose $..... for the building fund of a new hospital in Rawalpindi.

Very sincerely,

.....